

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 477

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. _____

Registrar's No. 11

1772

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Calloway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME

BILLY SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased, June 16, 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Andrain County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Orchard

12. Name James Smith

13. Birthplace Andrain County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Harrison

15. Birthplace Andrain County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elenore Mae Goetze (Daughter)

(b) Address Chicago, Ill.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/12/43
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Charles Arnold Jr.

(b) Address Mexico, Mo.

19. (a) Jan 10 43 (b) John Morantoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calloway
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R. #3 Auxvasse (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10th year 1943 hour 10 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan 7 to Jan 10, 1943, that I last saw him alive on Jan 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration Jan 7

Due to Right Hemiplegia

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature P. P. Roman (M. D. or other)

Address Auxvasse Mo Date signed 1/10/43

Mr. James Harrison Roff
109 W Seventh

Billy Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Everett R. Head

Licensed Embalmer No. *4038*

P. O. Address *Mexico, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.